

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION

RODERICK CLARK MILLER

PLAINTIFF

VERSUS

CAUSE NO. 1:07cv541LG-JMR

HARRISON COUNTY, MISSISSIPPI, by and  
through its Board of Supervisors, HARRISON  
COUNTY SHERIFF DEPARTMENT, SHERIFF  
GEORGE PAYNE, officially and in his  
individual capacity, DIRECTOR OF CORRECTIONS  
MAJOR DIANNE GATSON-RILEY, officially  
and in her individual capacity, BOOKING  
SUPERVISOR CAPTAIN RICK GASTON,  
officially and in his individual capacity,  
TRAINING DIRECTOR CAPTAIN PHIL TAYLOR,  
officially and in his individual capacity,  
CENTRAL CONTROL OFFICER PRESTON WILLS,  
officially and in his individual capacity, BOOKING  
ROOM DEPUTY JERRED MARK NECAISE,  
officially and in his individual capacity,  
BOOKING ROOM DEPUTY CATHERINE  
PAVOLINI, officially and in her individual capacity,  
AMERICAN CORRECTIONAL ASSOCIATION,  
and OTHER UNKNOWN JOHN and JANE DOES  
A-Z, also in their official and individual capacities

DEFENDANTS

**FIRST SET OF INTERROGATORIES PROPOUNDED TO  
PLAINTIFF BY DEFENDANT SHERIFF GEORGE PAYNE, JR.,  
OFFICIALLY AND IN HIS INDIVIDUAL CAPACITY**

COMES NOW Defendant, Sheriff George Payne, Jr., Officially and in His  
Individual Capacity, and by way of Interrogatories in accordance with the Federal Rules  
of Civil Procedure, and does hereby propound the following discovery unto the Plaintiff,  
Roderick Clark Miller. This discovery is continuing in nature and requires you to file  
supplemental answers in accordance with the Federal Rules of Civil Procedure if you  
obtain further or different information after submission of your initial answers before

EXHIBIT

"A"

trial, including in each supplemental answer the date and manner in which further or different information came to your attention. The Interrogatories are propounded as follows, to-wit:

**INTERROGATORY NO. 1:** Please identify yourself fully giving your full name, any aliases, age, date and place of birth, and social security number. If you have changed your name, please also provide your legal birth name.

**INTERROGATORY NO. 2:** Please list all of your residences, including the street addresses, city or town, and state for the past ten (10) years, as well as your reason for moving from each address.

**INTERROGATORY NO. 3:** Have you ever been convicted of a felony or a misdemeanor criminal offense? If your answer is in the affirmative, please furnish specifics concerning each offense, including the date, place, disposition of case, cause number, court, and sentence imposed.

**INTERROGATORY NO. 4:** Please state and describe in full and complete detail each and every alleged act and/or omission on the part of Defendant Sheriff George Payne which you contend he performed or failed to perform herein; and as to each and every such act or omission, state the following:

- a. The statute, regulation and/or legal duty violated by such performance or non-performance;
- b. The specific manner and circumstances in which you contend the performance or non-performance of the acts and/or omissions violated the statute, regulation and/or duty, and in which you

contend constitutes a basis for your claim;

- c. Specifically state whether you contend that jurisdiction in this case is based on an alleged violation of 42 U.S.C. §1983 by any of the Defendants;
- d. The identity of each person by name, address, telephone number and occupation performing or failing to perform such act and/or omission; and
- e. The exact time and date at and on which you contend that the alleged act or omission occurred.

**INTERROGATORY NO. 5:** Have you ever been involved as a plaintiff or defendant in any other lawsuits or any other claims for money damages? If your answer is in the affirmative, please furnish specifics concerning the allegations of any such lawsuits or claims, including the names of all parties thereto, the court, the state, the county, and case number under which the lawsuit was filed and the disposition of same.

**INTERROGATORY NO. 6:** Are you now or have you ever been married? If your answer is in the affirmative, please list the maiden and married name of your past or present spouse or spouses; last known address(es), telephone number(s), and place(s) of marriage(s) and reason(s) for termination of the marriage(s). Please provide the same information for any children you have, whether you had them with one of your spouses or not.

**INTERROGATORY NO. 7:** State in specific detail the facts which support your claims against Defendants, Harrison County Sheriff's Department, Sheriff George Payne, Phil Taylor, Dianne Gatson-Riley, Catherine Pavolini, and Preston Wills *in his official capacity*, and state in what manner you contend these Defendants allegedly violated your rights, constitutional or otherwise, giving rise to your claims against them, and please state each and every act or omission committed by these Defendants which you claim makes them liable to Plaintiff.

**INTERROGATORY NO. 8:** Please list and describe every specific incident, including the date and time of each incident, and any and all witnesses to the incident, whereby you claim that your constitutional rights were allegedly violated by Defendants, and please state how each Defendant allegedly violated yours rights.

**INTERROGATORY NO. 9:** Please identify by name, address, and telephone number any and all witnesses whom you will or may call at the trial of this cause.

**INTERROGATORY NO. 10:** Please identify by name, address, and telephone number all individuals with discoverable knowledge of the events complained of in your Complaint.

**INTERROGATORY NO. 11:** Please identify each individual whom you propose to call as an expert witness at the trial of this cause, stating the subject matter on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, and a summary of the grounds for each such opinion. Please also furnish as a part of your answer to this Interrogatory, a resume or curriculum vitae of each proposed expert witness.

**INTERROGATORY NO. 12:** Do you contend that there was in existence an official policy, practice or custom which resulted in injury or damage to you? If yes,

- a. Identify and describe the official policy, practice, or custom;
- b. State the date on which the policy, practice or custom commenced;
- c. State all the underlying facts on which you base your answers to "a" and "b" above.

**INTERROGATORY NO. 13:** List the names and addresses of all physicians and other health care or mental health care providers who examined or treated you for any injuries claimed by you as a result of the incidents described in your Complaint, stating the dates of treatment, reasons for each visit and any diagnoses rendered.

**INTERROGATORY NO. 14:** Please identify each and every hospital, clinic, medical facility, or mental health facility at which you have been examined, confined, or treated for any injury or condition claimed by you to be the result of the incidents alleged in your Complaint, and please list as to each such facility its complete name, address, and dates of treatment.

**INTERROGATORY NO. 15:** Please describe in detail any and all injuries you allege to have suffered as a result of this incident. Include in your description any and all medical, physiological, psychological, mental health, or other treatment you have received or continue to receive as a result of this incident, including the names and addresses of any and all physicians, hospitals, physiologists, counselors, or other health care providers rendering treatment.

**INTERROGATORY NO. 16:** Please provide an itemized and detailed list of all damages which you claim to have suffered as a result of the incidents alleged in your Complaint, and please identify in this list each and every piece of evidence which you believe will support your claims.

**INTERROGATORY NO. 17:** Have you obtained any statements, whether written, recorded, oral, or otherwise, from any of Defendants or any of their agents, employees, or representatives? If so, please identify the name of each individual from whom you obtained such statement, the date such statement was taken and who has custody of said statement. Please also provide a brief description of the substance of said statement.

**INTERROGATORY NO. 18:** Please describe in detail all of your activities on April 17, 2004, including in your description times, places, and the substance of what occurred, as well as the names of any individuals who may be witnesses to your activities on said date.

**INTERROGATORY NO. 19:** Are you alleging that Sheriff George Payne, Jr. personally caused or participated in any of the alleged violations of your constitutional rights contained in the Complaint, or are your claims against him based on his position as Sheriff of Harrison County?

**INTERROGATORY NO. 20:** In your Complaint, you allege a count for "Action for Deprivation of Civil Rights (42 USC §1983)." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.

- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 21:** In your Complaint, you allege a count for "Conspiracy to Interfere With Civil Rights (42 USC §1985)." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 22:** In your Complaint, you allege a count for "Neglect or Failure to Prevent Conspiracy (42 USC §1986)." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 23:** In your Complaint, you allege a count for "Failure to Adequately Train and Supervise Deputies." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 24:** In your Complaint, you allege a count for "Negligent Hiring Retention and Failure to Discipline or Take Necessary Corrective Action."

Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 25:** In your Complaint, you allege a count for "Civil Conspiracy." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 26:** In your Complaint, you allege a count for "Breach of a Non-Delegable Fiduciary Duty." Regarding these allegations please state the

following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 27:** In your Complaint, you allege a count for "The Common Law Tort of Outrage." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 28:** In your Complaint, you allege a count for "Negligent Infliction of Emotional Distress." Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 29:** In your Complaint, you allege a count for “Breach of Third-Party Beneficiary Contract.” Regarding these allegations please state the following:

- a) Each and every specific fact and/or opinion relied upon you in support of the allegations set forth in the Complaint.
- b) The source of each fact or opinion relied upon you in support of the allegations set forth in the Complaint.
- c) Identity and description of any records, documents and other tangible evidence which you contend support the allegations contained in the Complaint.
- d) The identity of the person or persons who has custody of such records, documents and other tangible evidence which support the allegations set forth in the Complaint.
- (e) The identity of any and all persons who have facts and/or knowledge which you contend supports the allegations set forth in the Complaint.

**INTERROGATORY NO. 30:** If you are alleging any emotional distress claim or other mental health injuries as a result of the allegations contained in the Complaint,

please state whether you have ever received any treatment for any type of mental health problems prior to April 17, 2004, and if so, please identify by name, address, and telephone number each and every individual or facility which provided such treatment, the dates of such treatment, and a description of any diagnoses rendered.

RESPECTFULLY SUBMITTED, this 15<sup>th</sup> day of November, 2007.

SHERIFF GEORGE H. PAYNE, JR., OFFICIALLY  
AND IN HIS INDIVIDUAL CAPACITY

BY: DUKES, DUKES, KEATING & FANECA, P.A.

BY: s/Cy Faneca Cy Faneca  
Cy Faneca

CY FANECA, MSB #5128  
TRACE D. MCRANEY, MSB #9905  
DUKES, DUKES, KEATING & FANECA, P.A.  
2909 - 13TH STREET, SIXTH FLOOR  
POST OFFICE DRAWER W  
GULFPORT, MISSISSIPPI 39502  
TELEPHONE - (228) 868-1111  
FACSIMILE - (228) 863-2886

**CERTIFICATE OF SERVICE**

I, CY FANECA , do hereby certify that I have this day electronically filed the foregoing with the Clerk of the Court using the ECF system which sent notification of such filing to the following:

Michael W. Crosby  
2111 25<sup>th</sup> Avenue  
Gulfport, Mississippi 39501  
Attorney for Plaintiff

Joseph Meadows, Esq.  
Post Office Drawer 550  
Gulfport, Mississippi 39502  
Attorney for Harrison County

James L. Davis, III, Esq.  
P.O. Box 1839  
Gulfport, MS 39502  
Attorney for Rick Gaston

George D. Hembree, III  
McGlinchey Stafford  
P.O. Drawer 22949  
Jackson, MS 39225  
Attorney for American Correctional Association

This, the 15th day of November, 2007.

s/Cy Faneca Cy Fanece  
Cy Faneca

Name: Roderick Clark Miller

Date of birth:

Social Security Number:

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, and Social Security Administration Disability Determination Services, The Internal Revenue Service and Department of Workers' Claims, to release all existing medical records and information regarding the above named individual's medical care, treatment, physical/mental condition, and medical expenses revealed by your observation or treatment of this individual in the past, present and future, as well as all educational and employment records, to the attention of

Cy Faneca, Esq.  
Dukes, Dukes, Keating and Faneca, P.A.  
P.O. Drawer W  
Gulfport, MS 39502

I understand that this authorization includes information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders [*EXCEPT Psychotherapy Notes\* as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501, psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes require a separate authorization.*] It also includes original x-ray films and reports, laboratory reports, original CT scan films and reports, original MRI scan films and reports, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, psychiatric treatment and counseling records, psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive. Ex parte communications with physicians are not permitted pursuant to this Authorization.

I, the undersigned individual am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to \_\_\_\_\_, or to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of **Roderick Clark Miller\_v. Harrison County, Mississippi, et al.** or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: \_\_\_\_\_

(Signature) Patient or Patient Representative

Printed Name of Patient's Representative

Relationship to Patient

Description of Representative's Authority to Act for the Patient

**This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.**

*\*Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress date.*

## AUTHORIZATION FOR RELEASE OF PSYCHOTHERAPY NOTES

Name: Roderick Clark Miller

Date of birth:

Social Security Number:

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, Social Security Administration Disability Determination Services and Department of Workers' Claims, to release all psychotherapy note records and information regarding \_\_\_\_\_, to the records service of \_\_\_\_\_.

I understand that this authorization is for release of psychotherapy notes as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501 [*psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record.*]

I, the undersigned individual am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to \_\_\_\_\_, or to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of **Roderick Clark Miller v. Harrison County, Mississippi, et al.** or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: \_\_\_\_\_

(Signature) Patient or Patient Representative

Printed Name of Patient's Representative

Relationship to Patient

Description of Representative's Authority to Act for the Patient

**This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.**

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THORIZATION FOR RELEASE OF ALL R  
ECORDS  
EXCEPT PSYCHOTHERAPY NOTES**

**Name:**

**Date of birth:**

**Social Security Number:**

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, and Social Security Administration Disability Determination Services, The Internal Revenue Service and Department of Workers' Claims, to release all existing medical records and information regarding the above named individual's medical care, treatment, physical/mental condition, and medical expenses revealed by your observation or treatment of this individual in the past, present and future, as well as all educational and employment records, to the attention of

Cy Faneca, Esq.  
Dukes, Dukes, Keating and Faneca, P.A.  
P.O. Drawer W  
Gulfport, MS 39502

I understand that this authorization includes information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders [*EXCEPT Psychotherapy Notes\* as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501, psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes require a separate authorization.*] It also includes original x-ray films and reports, laboratory reports, original CT scan films and reports, original MRI scan films and reports, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, psychiatric treatment and counseling records, psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive. Ex parte communications with physicians are not permitted pursuant to this Authorization.

I, the undersigned individual am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to \_\_\_\_\_, or to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of Arethan C. Pittman v. Union Planters Bank or five (5) years from the date of this authorization, whichever comes first.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: \_\_\_\_\_ (Signature) Patient or Patient Representative

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.**

*\*Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress date.*

## AUTHORIZATION FOR RELEASE OF PSYCHOTHERAPY NOTES

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, Social Security Administration Disability Determination Services and Department of Workers' Claims, to release all psychotherapy note records and information regarding \_\_\_\_\_, to the records service of \_\_\_\_\_.

I understand that this authorization is for release of psychotherapy notes as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501 [*psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record.*]

I, the undersigned individual am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to \_\_\_\_\_, or to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of \_\_\_\_\_ vs. \_\_\_\_\_ or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: \_\_\_\_\_

(Signature) Patient or Patient Representative

Printed Name of Patient's Representative

Relationship to Patient

Description of Representative's Authority to Act for the Patient

**This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.**

*\*Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress date.*

**REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Other Name(s) Used (Include Maiden Name) \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_

2. What kind of information do you need?

**Detailed Earnings Information**  
 (If you check this block, tell us below why you need this information.)

For the period(s)/year(s): \_\_\_\_\_

**Certified Total Earnings For Each Year.**  
 (Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)

For the year(s): \_\_\_\_\_

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 . . . . . A. \$ \_\_\_\_\_

Do you want us to certify the information?  Yes  No

If yes, enter \$15.00 . . . . . B. \$ \_\_\_\_\_

ADD the amounts on lines A and B, and enter the TOTAL amount . . . . . C. \$ \_\_\_\_\_

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here  
 (Do not print) > \_\_\_\_\_ Date \_\_\_\_\_Daytime Phone Number \_\_\_\_\_  
 (Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name Cy Faneca, Address Dukes Dukes Keating & Faneca  
Post Office Drawer W  
 City, State & Zip Code Gulfport, MS 395026. Mail Completed Form(s) To: **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:Social Security Administration  
 Division of Earnings Record Operations  
 P.O. Box 33003  
 Baltimore Maryland 21290-3003Social Security Administration  
 Division of Earnings Record Operations  
 300 N. Greene St.  
 Baltimore Maryland 21290-0300

**EMPLOYMENT AUTHORIZATION**

TO WHOM IT MAY CONCERN:

This authorizes any employer by whom I have been employed or sought employment, any labor union of which I am or have been a member, and any state or federal employment agency or commission, to furnish full and complete information hereby requested to the law offices of Dukes, Dukes, Keating and Faneca, P.A., or to any representative, attorney, or investigator from said office, including all employment information, employment applications, personnel files, information pertaining to my wages, and other related matters.

I hereby agree that a copy of this authorization form shall have the same force and effect as the original thereof.

Your full cooperation with the said attorneys is requested. You are further requested to disclose no information to any other person without written authority to do so.

**ALL PRIOR AUTHORIZATION IS HEREBY CANCELED.**

---

**Roderick Clark Miller**

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Form **4506**

(Rev. April 2006)

Department of the Treasury  
Internal Revenue Service**Request for Copy of Tax Return**

- Do not sign this form unless all applicable lines have been completed.  
Read the instructions on page 2.
- Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0429

**Tip:** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

**Caution:** If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

6 **Tax return requested** (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► **Note. If the copies must be certified for court or administrative proceedings, check here.**

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

8 **Fee.** There is a \$39 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.**

a Cost for each return	\$ 39.00
b Number of returns requested on line 7	\$
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

**Sign  
Here**

► Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
► Title (if line 1a above is a corporation, partnership, estate, or trust)		
► Spouse's signature	Date	

## General Instructions

Section references are to the Internal Revenue Code.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

**How long will it take?** It may take up to 60 calendar days for us to process your request.

**Tip.** Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

**Note.** If you are requesting a return for more than one year and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

## Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in: Mail to the "Internal Revenue Service" at:

District of Columbia, RAIWS Team  
Maine, Maryland, Stop 679  
Massachusetts, Andover, MA 05501  
New Hampshire, New York, Vermont

Alabama, Delaware, RAIWS Team  
Florida, Georgia, P.O. Box 47-421  
North Carolina, Stop 91  
Rhode Island, Doraville, GA 30362  
South Carolina, Virginia

Arkansas, Kansas, RAIWS Team  
Kentucky, Louisiana, Stop 6716 AUSC  
Mississippi, Austin, TX 73301  
Oklahoma, Tennessee, Texas, West Virginia

Alaska, Arizona, RAIWS Team  
California, Colorado, Stop 38101  
Hawaii, Idaho, Fresno, CA 93888  
Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming

Connecticut, Illinois, RAIWS Team  
Indiana, Iowa, Stop 6705-B41  
Michigan, Minnesota, Missouri, Kansas City, MO 64999  
North Dakota, Ohio, Wisconsin

New Jersey, Pennsylvania, a RAIWS Team  
foreign country, or DP 135SE  
A.P.O. or F.P.O. Philadelphia, PA 19255-0695  
address

## Chart for all other returns

If you lived in or your business was in: Mail to the "Internal Revenue Service" at:

Alabama, Alaska, RAIWS Team  
Arizona, Arkansas, P.O. Box 9941  
California, Colorado, Mail Stop 6734  
Florida, Georgia, Ogden, UT 84409  
Hawaii, Idaho, Iowa, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming

Connecticut, RAIWS Team  
Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin  
A foreign country, or RAIWS Team  
A.P.O. or F.P.O. address DP 135SE  
Philadelphia, PA 19255-0695

## Specific Instructions

**Line 1b.** Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see **Where to file** on this page.

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION

RODERICK CLARK MILLER

PLAINTIFF

VERSUS

CAUSE NO. 1:07cv541LG-JMR

HARRISON COUNTY, MISSISSIPPI, by and  
through its Board of Supervisors, HARRISON  
COUNTY SHERIFF DEPARTMENT, SHERIFF  
GEORGE PAYNE, officially and in his  
individual capacity, DIRECTOR OF CORRECTIONS  
MAJOR DIANNE GATSON-RILEY, officially  
and in her individual capacity, BOOKING  
SUPERVISOR CAPTAIN RICK GASTON,  
officially and in his individual capacity,  
TRAINING DIRECTOR CAPTAIN PHIL TAYLOR,  
officially and in his individual capacity,  
CENTRAL CONTROL OFFICER PRESTON WILLS,  
officially and in his individual capacity, BOOKING  
ROOM DEPUTY JERRED MARK NECAISE,  
officially and in his individual capacity,  
BOOKING ROOM DEPUTY CATHERINE  
PAVOLINI, officially and in her individual capacity,  
AMERICAN CORRECTIONAL ASSOCIATION,  
and OTHER UNKNOWN JOHN and JANE DOES  
A-Z, also in their official and individual capacities

DEFENDANTS

**FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED  
TO PLAINTIFF BY DEFENDANT, SHERIFF GEORGE PAYNE, JR.,  
OFFICIALLY AND IN HIS INDIVIDUAL CAPACITY**

COMES NOW, the Defendant, Sheriff George Payne, Jr., Officially and in His  
Individual Capacity, and by way of First Set of Request for Production of Documents in  
accordance with the Federal Rules of Civil Procedure, does hereby propound the  
following discovery unto the Plaintiff, pursuant to the Federal Rules of Civil Procedure,  
and requests that same be answered in the manner prescribed by law.

In the following Request for Production of Documents:

"You" and "your" means Plaintiff and all representatives, attorneys and other parties acting on behalf of the Plaintiff.

"Document" means any written, recorded or graphic matter however produced or reproduced.

These Requests for Production of Documents shall be deemed continuing so as to require supplemental answers if you obtain further information between the time responses are served and the trial of this matter.

**REQUEST NO. 1:** Please produce a copy of any and all documents, photographs, video tapes and/or other demonstrative evidence which you will or may offer as evidence at the trial of this cause.

**REQUEST NO. 2:** Please produce copies of any and all documents identified by you in either your Complaint, or in your responses to Interrogatories or other written discovery requests.

**REQUEST NO. 3:** Please produce copies of any documents, etc., containing any information relevant to the issues raised in this case.

**REQUEST NO. 4:** Please produce copies of the reports of all expert witnesses you propose to use at the trial of this cause.

**REQUEST NO. 5:** Please furnish reports of all expert consultants you have retained or employed to assist you in preparing this case for trial.

**REQUEST NO. 6:** Please produce a copy of the curriculum vitae of all expert witnesses you propose to use at the trial of this cause.

**REQUEST NO. 7:** Please produce a copy of the reports of all expert witnesses Plaintiff proposes to use at the trial of this cause.

**REQUEST NO. 8:** For each expert witness identified by you, please produce a copy of every document or tangible thing relied upon by each such expert in the formulation of his opinions, to include a copy of each such expert's file regarding this matter.

**REQUEST NO. 9:** Please furnish a detailed itemization of all injuries and damages which you claim to have sustained as a result of the conduct of the Defendants herein.

**REQUEST NO. 10:** Please produce a copy of any and all medical reports and records of physicians rendering treatment to you as a result of any illnesses or injuries which you have in your possession, including but not limited to any illnesses or injuries allegedly sustained as a result of the incident giving rise to this lawsuit.

**REQUEST NO. 11:** Please produce a copy of all hospital records, clinical records, outpatient records, X-rays, nursing notes and other such records prepared in connection with the treatment of the Plaintiff for the injuries alleged in the Complaint.

**REQUEST NO. 12:** Please produce any and all copies of incident reports or reports of an investigation which you may have in your possession which described or investigated the incident alleged in your Complaint or other pleadings.

**REQUEST NO. 13:** Please produce copies of all grievances and inmate requests filed by you while incarcerated in the Harrison County Adult Detention Center.

**REQUEST NO. 14:** Please produce a copy of Plaintiff's Federal and State Income Tax Returns for the previous five (5) years. Please sign and return the enclosed IRS Authorization Form.

**REQUEST NO. 15:** Please sign the Request for Social Security Earnings

Information attached hereto.

**REQUEST NO. 16:** Please produce copies of any and all letters or other correspondence that you sent any of the Defendants.

**REQUEST NO. 17:** Please produce copies of any and all reports or statements, signed or otherwise, given or made by you concerning this lawsuit, or concerning any of your allegations which are the subject of this lawsuit.

**REQUEST NO. 18:** Please provide with your responses to these requests an authorization form signed by Plaintiff which authorizes the Defendants and their agents and attorneys to obtain any and all medical reports, medical records, X-rays, X-ray reports, laboratory reports, nurses' notes, physicians' orders, mental health notes, or records of mental health treatment, and any and all other documents relating to your medical and/or emotional condition which you have received from any physician, doctor, hospital or any other provider of medical or mental health services.

Please execute the attached HIPPA Medical Authorization form and in doing so, please completely fill out the medical authorization providing all information requested therein and initializing in the appropriate spaces where indicated. (Please note that the attached medical authorization is intended to comply with HIPPA.)

**REQUEST NO. 19:** Please produce copies of any and all statements which you may have obtained from the Defendants or any of their agents, employees or representatives which in any way relate to the incident alleged in Plaintiffs' Complaint.

**REQUEST NO. 20:** Please execute the attached employment authorization, which authorizes Defendant or his attorneys to obtain records of your past employment.

**REQUEST NO. 21:** Please produce all documents or other tangible things which you intend to use, in any manner, at trial of this matter.

RESPECTFULLY SUBMITTED, this 15th day of November, 2007.

SHERIFF GEORGE PAYNE, JR., OFFICIALLY AND  
IN HIS INDIVIDUAL CAPACITY

BY: DUKES, DUKES, KEATING & FANECA, P.A.

BY: s/Cy Faneca  
Cy Faneca

*Cy Faneca*

CY FANECA, MSB #5128  
TRACE D. MCRANEY, MSB #9905  
DUKES, DUKES, KEATING & FANECA, P.A.  
2909 - 13TH STREET, SIXTH FLOOR  
POST OFFICE DRAWER W  
GULFPORT, MISSISSIPPI 39502  
TELEPHONE - (228) 868-1111  
FACSIMILE - (228) 863-2886

**CERTIFICATE OF SERVICE**

I, CY FANECA, do hereby certify that I have this day electronically filed the foregoing with the Clerk of the Court using the ECF system which sent notification of such filing to the following:

Michael W. Crosby, Esq.  
2111 25<sup>th</sup> Avenue  
Gulfport, Mississippi 39501  
Attorney for Plaintiff

Joseph Meadows, Esq.  
Karen J. Young, Esq.  
Post Office Drawer 550  
Gulfport, Mississippi 39502  
Attorney for Harrison County

James L. Davis, III, Esq.  
P.O. Box 1839  
Gulfport, MS 39502  
Attorney for Rick Gaston

George D. Hembree, III  
McGlinchey Stafford  
P.O. Drawer 22949  
Jackson, MS 39225  
Attorney for American Correctional Association

This, the 15<sup>th</sup> day of November, 2007.

s/Cy Faneca   
Cy Faneca

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION

RODERICK CLARK MILLER

PLAINTIFF

VERSUS

CAUSE NO. 1:07cv541LG-JMR

HARRISON COUNTY, MISSISSIPPI, by and  
through its Board of Supervisors, HARRISON  
COUNTY SHERIFF DEPARTMENT, SHERIFF  
GEORGE PAYNE, officially and in his  
individual capacity, DIRECTOR OF CORRECTIONS  
MAJOR DIANNE GATSON-RILEY, officially  
and in her individual capacity, BOOKING  
SUPERVISOR CAPTAIN RICK GASTON,  
officially and in his individual capacity,  
TRAINING DIRECTOR CAPTAIN PHIL TAYLOR,  
officially and in his individual capacity,  
CENTRAL CONTROL OFFICER PRESTON WILLS,  
officially and in his individual capacity, BOOKING  
ROOM DEPUTY JERRED MARK NECAISE,  
officially and in his individual capacity,  
BOOKING ROOM DEPUTY CATHERINE  
PAVOLINI, officially and in her individual capacity,  
AMERICAN CORRECTIONAL ASSOCIATION,  
and OTHER UNKNOWN JOHN and JANE DOES  
A-Z, also in their official and individual capacities

DEFENDANTS

**FIRST SET OF INTERROGATORIES PROPOUNDED TO  
PLAINTIFF BY DEFENDANT PHIL TAYLOR ,  
OFFICIALLY AND IN HIS INDIVIDUAL CAPACITY**

COMES NOW Defendant, Phil Taylor, Officially and in His Individual Capacity,  
and by way of Interrogatories in accordance with the Federal Rules of Civil Procedure,  
and does hereby propound the following discovery unto the Plaintiff, Roderick Clark  
Miller. This discovery is continuing in nature and requires you to file supplemental  
answers in accordance with the Federal Rules of Civil Procedure if you obtain further or  
different information after submission of your initial answers before trial, including in

each supplemental answer the date and manner in which further or different information came to your attention. The Interrogatories are propounded as follows, to-wit:

**INTERROGATORY NO. 1:** Please list each and every criminal offense for which you were incarcerated at the Harrison County Adult Detention Center on or about April 17, 2004, and for each such charge, please state whether those charges are presently pending, or whether the charges against Plaintiff have been resolved. If they have been resolved, please state the manner in which they have been resolved, i.e., whether by acquittal, dismissal, conviction, or otherwise. If convicted, please state any sentence imposed. If any charges

**INTERROGATORY NO. 2:** Please state and describe in full and complete detail each and every alleged act and/or omission on the part of Defendant Sheriff George Payne, Jr. which you contend he performed or failed to perform herein; and as to each and every such act or omission, state the following:

- a. The statute, regulation and/or legal duty violated by such performance or non-performance;
- b. The specific manner and circumstances in which you contend the performance or non-performance of the acts and/or omissions violated the statute, regulation and/or duty, and in which you contend constitutes a basis for your claim;
- c. Specifically state whether you contend that jurisdiction in this case is based on an alleged violation of 42 U.S.C. §1983 by any of the Defendants;

- d. The identity of each person by name, address, telephone number and occupation performing or failing to perform such act and/or omission; and
- e. The exact time and date at and on which you contend that the alleged act or omission occurred.

**INTERROGATORY NO. 3:** Please state and describe in full and complete detail each and every alleged act and/or omission on the part of Defendant Phil Taylor which you contend he performed or failed to perform herein; and as to each and every such act or omission, state the following:

- a. The statute, regulation and/or legal duty violated by such performance or non-performance;
- b. The specific manner and circumstances in which you contend the performance or non-performance of the acts and/or omissions violated the statute, regulation and/or duty, and in which you contend constitutes a basis for your claim;
- c. Specifically state whether you contend that jurisdiction in this case is based on an alleged violation of 42 U.S.C. §1983 by any of the Defendants;
- d. The identity of each person by name, address, telephone number and occupation performing or failing to perform such act and/or omission; and

e. The exact time and date at and on which you contend that the alleged act or omission occurred.

**INTERROGATORY NO. 4:** Please state and describe in full and complete detail each and every alleged act and/or omission on the part of Defendant Dianne-Gatson Riley which you contend she performed or failed to perform herein; and as to each and every such act or omission, state the following:

- a. The statute, regulation and/or legal duty violated by such performance or non-performance;
- b. The specific manner and circumstances in which you contend the performance or non-performance of the acts and/or omissions violated the statute, regulation and/or duty, and in which you contend constitutes a basis for your claim;
- c. Specifically state whether you contend that jurisdiction in this case is based on an alleged violation of 42 U.S.C. §1983 by any of the Defendants;
- d. The identity of each person by name, address, telephone number and occupation performing or failing to perform such act and/or omission; and
- e. The exact time and date at and on which you contend that the alleged act or omission occurred.

**INTERROGATORY NO. 5:** Please state and describe in full and complete detail each and every alleged act and/or omission on the part of Defendant Catherine Pavolini

which you contend she performed or failed to perform herein; and as to each and every such act or omission, state the following:

- a. The statute, regulation and/or legal duty violated by such performance or non-performance;
- b. The specific manner and circumstances in which you contend the performance or non-performance of the acts and/or omissions violated the statute, regulation and/or duty, and in which you contend constitutes a basis for your claim;
- c. Specifically state whether you contend that jurisdiction in this case is based on an alleged violation of 42 U.S.C. §1983 by any of the Defendants;
- d. The identity of each person by name, address, telephone number and occupation performing or failing to perform such act and/or omission; and
- e. The exact time and date at and on which you contend that the alleged act or omission occurred.

**INTERROGATORY NO. 6:** Please state and describe in full and complete detail each and every alleged act and/or omission on the part of Defendant Preston Wills which you contend he performed or failed to perform *in his official capacity* herein; and as to each and every such act or omission, state the following:

- a. The statute, regulation and/or legal duty violated by such performance or non-performance;

- b. The specific manner and circumstances in which you contend the performance or non-performance of the acts and/or omissions violated the statute, regulation and/or duty, and in which you contend constitutes a basis for your claim;
- c. Specifically state whether you contend that jurisdiction in this case is based on an alleged violation of 42 U.S.C. §1983 by any of the Defendants;
- d. The identity of each person by name, address, telephone number and occupation performing or failing to perform such act and/or omission; and
- e. The exact time and date at and on which you contend that the alleged act or omission occurred.

**INTERROGATORY NO. 7:** Are you alleging that Defendant Phil Taylor, personally caused or participated in any of the alleged violations of your constitutional rights contained in the Complaint, or are your claims against him based on his position at Harrison County Sheriff's Department at the time of the incident?

**INTERROGATORY NO. 8:** Are you alleging that Defendant Dianne Gatson-Riley, personally caused or participated in any of the alleged violations of your constitutional rights contained in the Complaint, or are your claims against her based on her position at Harrison County Sheriff's Department at the time of the incident?

**INTERROGATORY NO. 9:** Are you alleging that Defendant Catherine Pavolini, personally caused or participated in any of the alleged violations of your constitutional

rights contained in the Complaint, or are your claims against her based on her position at Harrison County Sheriff's Department at the time of the incident?

**INTERROGATORY NO. 10:** Please state the employment history of the Plaintiff for the previous ten(10) years, including in your answer, the name, address, and telephone number of each employer, the position held by Plaintiff, his rate of pay, dates of employment at each position, and reason for leaving each place of employment. Also please provide the name and telephone number of your supervisor at each place of employment.

**INTERROGATORY NO. 11:** Please state whether any of the medical bills or other expenses or damages which Plaintiff alleges to have suffered in the Complaint have previously been paid by any other source. If so, please identify which specific bills were paid, and identify the person or entity who paid them, and also include the amount paid.

**INTERROGATORY NO. 12:** Please describe any medical condition from which you suffered from prior to entering the Harrison County Adult Detention Center, and if so, please identify by name, address, and telephone number each and every individual or facility which provided such treatment, the dates of such treatment, the dates of such treatment, and a description of any diagnoses rendered.

**INTERROGATORY NO. 13:** State whether or not you contend that Defendant Preston Wills was an official policy maker or that he ever had policy making authority while employed with the Harrison County Sheriff's Department. If so, please set forth the factual basis which you contend supports these allegations, and state the full name,

area of specialty, expertise, complete address and telephone number of each person, including expert(s), who has knowledge of the facts or who has opinions which you contend support these allegations.

RESPECTFULLY SUBMITTED, this 15<sup>th</sup> day of November, 2007.

PHIL TAYLOR, OFFICIALLY AND IN HIS  
INDIVIDUAL CAPACITY

BY: DUKES, DUKES, KEATING & FANECA, P.A.

BY: s/Cy Faneca Cy Faneca  
Cy Faneca

CY FANECA, MSB #5128  
TRACE D. MCRANEY, MSB #9905  
DUKES, DUKES, KEATING & FANECA, P.A.  
2909 - 13TH STREET, SIXTH FLOOR  
POST OFFICE DRAWER W  
GULFPORT, MISSISSIPPI 39502  
TELEPHONE - (228) 868-1111  
FACSIMILE - (228) 863-2886

**CERTIFICATE OF SERVICE**

I, CY FANECA , do hereby certify that I have this day electronically filed the foregoing with the Clerk of the Court using the ECF system which sent notification of such filing to the following:

Michael W. Crosby  
2111 25<sup>th</sup> Avenue  
Gulfport, Mississippi 39501  
Attorney for Plaintiff

Joseph Meadows, Esq.  
Post Office Drawer 550  
Gulfport, Mississippi 39502  
Attorney for Harrison County

James L. Davis, III, Esq.  
P.O. Box 1839  
Gulfport, MS 39502  
Attorney for Rick Gaston

George D. Hembree, III  
McGlinchey Stafford  
P.O. Drawer 22949  
Jackson, MS 39225  
Attorney for American Correctional Association

This, the 15th day of November, 2007.

s/Cy Faneca Cy Faneca  
Cy Faneca